



# NOTICE OF ALLEGED SAFETY OR HEALTH HAZARDS

State Form 3670 (R4 / 6-92)

Indiana Department of Labor  
Occupational Safety and Health Administration

MOD Date

1. Complaint number

2. Name of employer

3. Site location (number and street, city, state, ZIP code)

4. Mailing address (if different) (number and street, city, state, ZIP code)

5. Management official

6. Telephone number

7. Type of business

8. Hazard description: Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard.

Hazard location: Specify the building or worksite where the alleged violation exists.

10. Has this condition been brought to the attention of: (mark an "X" in all that apply)

☐ Employer ☐ Other government agency (specify):

11. Please indicate your desire:

☐ Do not reveal my name to the employer ☐ My name may be revealed to the employer

12. The undersigned: (mark an "X" in one box)

☐ Employee ☐ Federal Safety and Health Committee ☐ Employer  
☐ Representative of employees ☐ Other (specify):

...believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.

13. Name of complainant (type or print name)

14. Telephone number

15. Address (number and street, city, state, ZIP code)

16. Signature of complainant

17. Date signed

18. If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title.

Name of organization

Your title